Remarks

By this Preliminary Amendment, applicants have amended the specification to recite the priority and continuing data for the above-identified application, and have inserted an Abstract of the Disclosure attached hereto as **Exhibit A**. Applicants maintain that the amendments to the specification raise no issue of new matter and respectfully request that this Preliminary Amendment be entered.

Claims 1-360 are present in the application as filed. By this Preliminary Amendment, applicants have canceled claims 1-20, 46-163, and 189-360 without disclaimer or prejudice and have amended claims 27-29, 42, and 170-173 to eliminate multiple claim dependencies and to make minor conforming amendments. Accordingly, upon entry of this Preliminary Amendment, claims 21-45 and 164-188 will be pending.

If a telephone interview would be of assistance in advancing prosecution of the subject application, applicant's undersigned attorney invites the Examiner to telephone him at the number provided below.

No fee, other than the enclosed filing fee of $1,175.00, is deemed necessary in connection with the filing of this Preliminary Amendment. If any additional fee is required, authorization is hereby given to charge the amount of any such fee to Deposit Account No. 03-3125.

Respectfully submitted,

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IAP9 Rec'd PCT/PTO 13 DEC 2005

EXHIBIT A

VAGAL STIMULATION FOR ANTI-EMBOLIC THERAPY

ABSTRACT OF THE DISCLOSURE

Apparatus (20) for treating a subject (30) suffering from spontaneous atrial fibrillation includes an electrode device (22), adapted to be coupled to a site of the subject (30) selected from the list consisting of: a vagus nerve (24) of the subject (30), an epicardial fat pad of the subject (30), a pulmonary vein of the subject (30), a carotid artery of the subject (30), a carotid sinus of the subject (30), a vena cava vein of the subject (30), and an internal jugular vein of the subject (30), and a control unit (32), adapted to drive the electrode device (22) to apply an electrical current to the site, and to configure the current to maintain the spontaneous AF for at least about 24 hours, so as to modify blood flow within the atria and reduce risk of thromboembolic events.